Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90052 044 ***158.75

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600052377

Corporation PRECISION	ON OPTICAL PLATING, INC	3.						
Principal Place	e of Business	Mailing Address	_		I SEMISBOL IIM INICO ACTIL MUSIC AND	iri ka rin ka ran i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	{
1743 NORTHGATE BLVD 1743 NORTHGATE BLVD						•		
SARASOTA FL 34234 SARASOTA FL 34234					DO NOT WRITE IN THIS SPACE			
						E IN THIS	SPACE_	
					3. Date Incorporated or Qualifed 06/18/1996			
2 Dringing D	tace of Business	2a. Mailing Address	_		4. FEI Number		TA	pplied For
	26				65-0675757			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75	Additional
		27		5. Certificate of Status Desired	<u>M</u>	Fee-P	equired ——	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		May Be		
23		28			Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zíp	Countr	у	8. This corporation owes the curre	ent year Inta		_
24 25		29 30	29 30		Personal Property Tax.		☐ Yes	⊠ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	legistered /	Agent	
1.00	TEDY DAVID A		81	Name				ł
	/ERY, DAVID A		82 Street Add		ess (P.O. Box Number is Not Accepta	ible)		
	NORTHGATE BLVD							
SAR	ASOTA FL 34234		83	3				Ì
				1 City 85		85 Zip	Code	
]] '		oration submits this statement for the	<u> </u>		
agent. I a	m familiar with, and accept the obligations are street agents.	ations of, Section 607.0505, Florida	a Statute	S. ent signature required		DATE	····	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D	☐ DELETE					☐ Change	☐ Addition
NAME	LOWERY, DAVID A	,	1.2 NAME					
STREET ADDRESS	1743 NORTHGATE BLVD	l	1.3 STREI	ET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34234	1. <u>4 C</u>		ST-ZIP				
TITLE	D	☐ DELETE 2.1					☐ Change	Addition
NAME	LACEY, MICHAEL P	<u></u>						
STREET ADDRESS	1743 NORTHGATE BLVD	<u></u>	2.2 NAME					
		<u></u>		ET ADDRESS			والمساول	
CITY-ST-ZIP	SARASOTA FL		2.3 STRE 2.4 CITY-	ET ADDRESS			- نىچىن	
TITLE	0	☐ DELETE	2.3 STRE 2.4 CITY- 3.1 TITLE	ET ADDRESS ST-ZIP			☐ Change	☐ Addition
	D LOWERY, J		2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP			- نىچىن	Addition
TITLE	D LOWERY, J 1743 NORTHGATE BLVD		2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI	ET ADDRESS ST-ZIP ET ADDRESS			- نىچىن	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWERY, J	☐ DELETE	2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4. CITY-	ET ADDRESS ST-ZIP ET ADDRESS			☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZJP TITLE	D LOWERY, J 1743 NORTHGATE BLVD		2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE	ST. ZIP ET ADDRESS ET ADDRESS ST. ZIP			- نىچىن	4F41
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LOWERY, J 1743 NORTHGATE BLVD SARASOTA FL 34234	☐ DELETE	2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4. CITY- 4.1 TITLE 4.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP			☐ Change	4F41
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWERY, J 1743 NORTHGATE BLVD SARASOTA FL 34234	☐ DELETE	2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LOWERY, J 1743 NORTHGATE BLVD SARASOTA FL 34234	☐ DELETE	2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP			☐ Change	☐ Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP